

Atty. Dkt. No. DALHO1290-1
(028614-1102)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sawynok et al.
Title: USE OF TRICYCLIC
ANTIDEPRESSANTS FOR LOCAL
ANALGESIA
Appl. No.: 09/700,625
Filing Date: 02/01/2001
Examiner: T. Ware
Art Unit: 1615

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Washington, D.C. on the date below.	
<u>Stephen E. Reiter</u> (Printed Name)	
<u>Step E. R</u> (Signature)	
<u>January 28, 2003</u> (Date of Deposit)	

AMENDMENT TRANSMITTAL

Commissioner for Patents
Box NON-FEE AMENDMENT
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Applicants claim Small Entity Status under 37 C.F.R. § 1.27.
☐ Small Entity statement is enclosed.
☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	24	71	0	x \$18.00	\$0.00
Independents:	5	6	0	x \$84.00	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$280.00	\$0.00
CLAIMS FEE TOTAL:					\$0.00

- ☐ Applicants hereby petition for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

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<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$410.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$930.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,450.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,970.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
CLAIMS AND EXTENSION FEE TOTAL:			\$0.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):		\$0.00
TOTAL FEE:			\$0.00

- ☐ Please charge Deposit Account No. 50-0872 in the amount of \$ _____. A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$ _____ is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: January 28, 2003

By



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